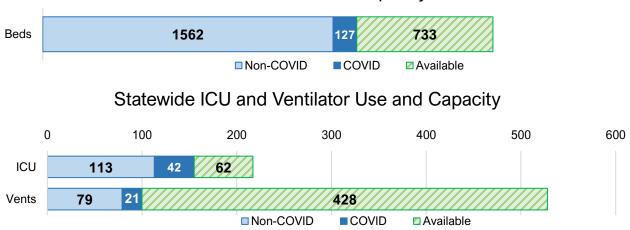
### **Statewide Snapshot**

Beds, ICU, and ventilator availability are important factors to consider during the COVID-19 response. As cases require additional support, hospital resources respond to the increasing demand. Total availability and usage are depicted below, indicating the usage due to COVID-19.

#### Statewide Bed Use and Capacity



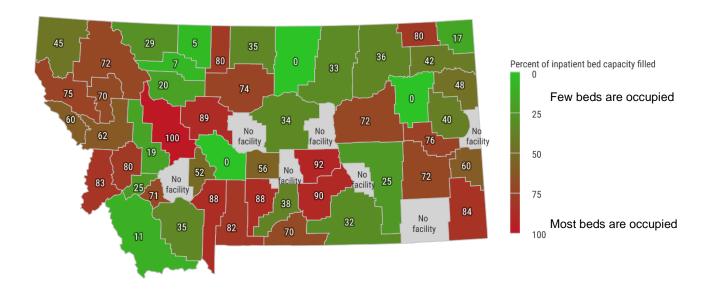
Hospitals report data on beds, ICU and ventilator capacity daily, among other indicators of readiness and ability to respond to COVID-19 at their local facility. Data is updated throughout the day and summarized by the end of day. Data presented in this report is based on capacity at that moment in time and subject to change during the day, as demand changes throughout the day.

This report is based on the following data from Juvare – EMResource: HHS: Adult Hospital Inpatient Beds; HHS: Adult Hospital Inpatient Bed Occupancy; HHS: Adult Hospitalized and COVID Confirmed Positive + HHS: Pediatric Hospitalized and COVID Confirmed Positive; HHS: Adult ICU Beds; HHS: Confirmed COVID in ICU; HHS: Adult ICU Bed Occupancy; HHS: Total Mechanical ventilators; HHS: Mechanical ventilators in use; HHS: Hospitalized and ventilated COVID

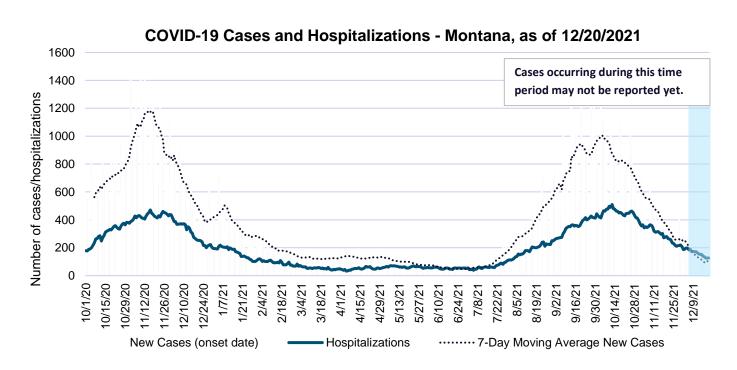
There are 10 Prospective Payment System hospitals (PPS), four specialty and 50 Critical Access hospitals (CAH) in Montana. Below is a list of the percentage of hospitals in each category that have limited availability or are near capacity in the two categories: inpatient beds and intensive care units.

	Limited bed availability or near capacity		Limited ICU availability or near capacity	
PPS Hospital	8 of 10	80%	7 of 10	70%
Specialty Hospital	2 of 3	67%	Not applicable	
Critical Access Hospital	16 of 50	32%	6 of 13	46%

Bed capacity varies by region and indicates severity of strain on hospital beds as COVID-19 cases increase in different areas of the state. This map displays the percentage of inpatient beds occupied. Green shading indicates more beds are open, red shading indicates nearing capacity. A list of facilities by county can be found at the end of this report.



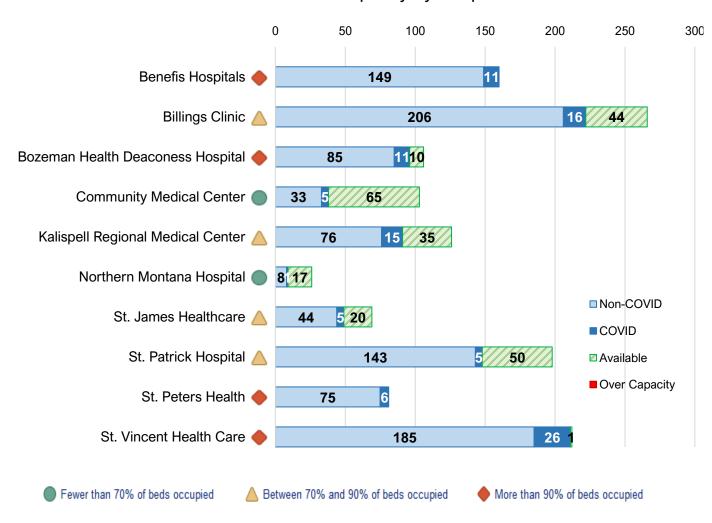
COVID-19 hospitalizations change over time. As reports of new COVID-19 cases increase, the demand on hospital beds increases as well. The changes over time illustrate occupancy in relation to past caseloads and hospital occupancy by COVID-19 patients. The figure represents the trend in daily reported hospitalizations in Juvare (blue solid line) and daily new case reports as reported in the Montana Infectious Disease Information System over a 7-day moving average (grey dashed line).



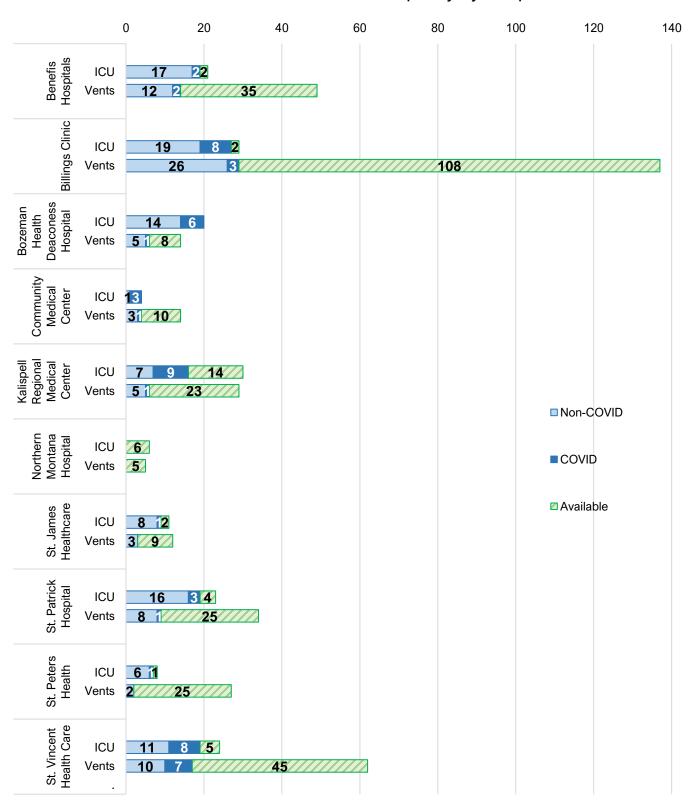
## **Large Hospitals**

Inpatient bed capacity and availability is listed below. Hospitals are listed by type, beginning with Prospective Payment System (PPS) hospitals, followed by specialty hospitals and Critical Access hospitals (CAH).

#### **Bed** Use and Capacity by Hospital

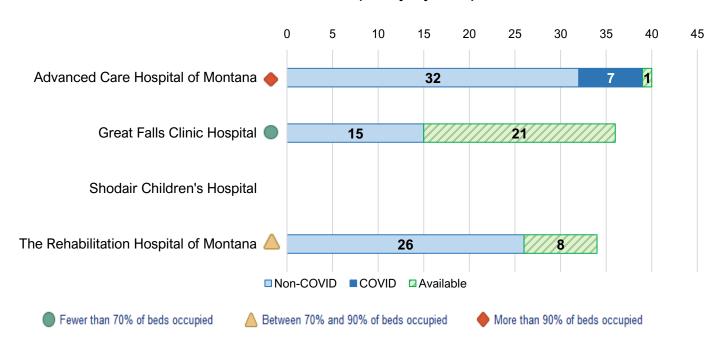


#### ICU and Ventilator Use and Capacity by Hospital

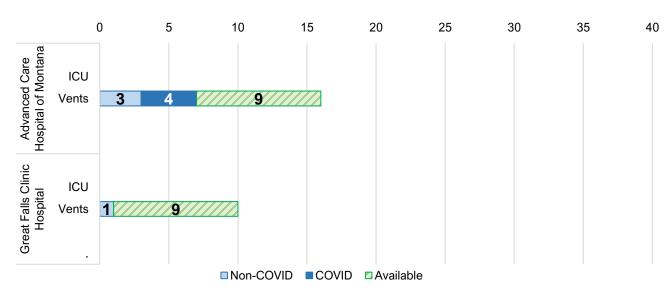


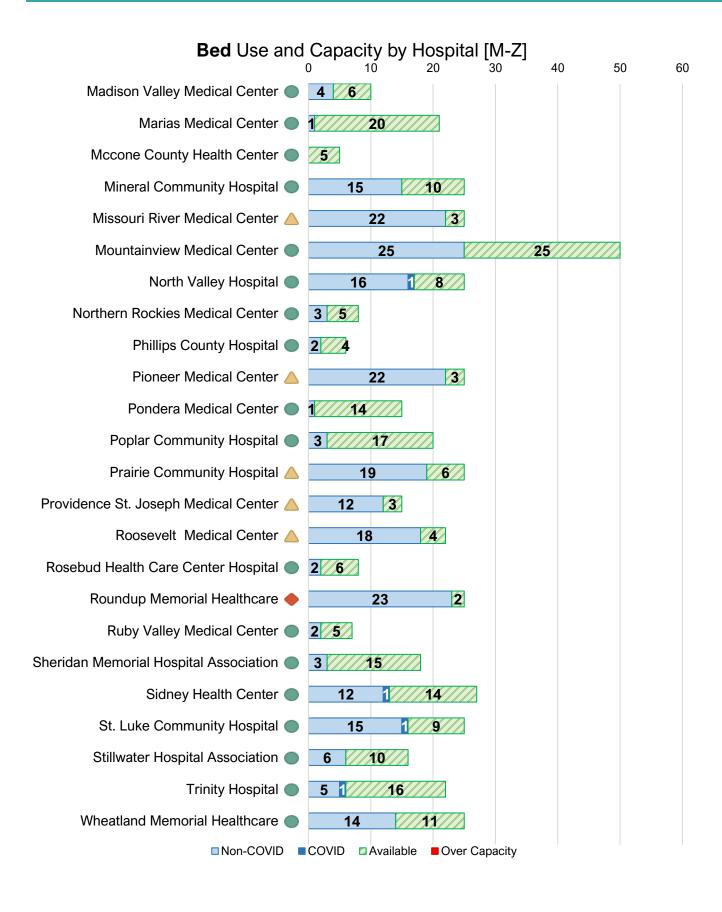
# **Specialty Hospitals**

#### **Bed** Use and Capacity by Hospital



#### ICU and Ventilator Use and Capacity by Hospital





Park	Livingston Healthcare
Phillips	Phillips County Hospital
Pondera	Pondera Medical Center
Powell	Deer Lodge Medical Center
Prairie	Prairie Community Hospital
Ravalli	Bitterroot Health-Daly Hospital
Richland	Sidney Health Center
Roosevelt	Poplar Community Hospital
	Roosevelt Medical Center
	Trinity Hospital
Rosebud	Rosebud Health Care Center Hospital
Sanders	Clark Fork Valley Hospital
Sheridan	Sheridan Memorial Hospital Association
Silver Bow	St. James Healthcare
Stillwater	Stillwater Hospital Association
Sweet Grass	Pioneer Medical Center
Teton	Benefis Teton Medical Center
Toole	Marias Medical Center
Valley	Frances Mahon Deaconess Hospital
Wheatland	Wheatland Memorial Healthcare
Yellowstone	Advanced Care Hospital of Montana
	Billings Clinic
	St. Vincent Health Care
	The Rehabilitation Hospital of Montana